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INTERIM STUDY COMMITTEE ON HEALTH AND SOCIAL SERVICE ISSUES

LSA Staff:

Steve Wenning, Attorney for the Committee
Barry Brumer, Attorney for the Committee
Al Gossard, Fiscal Analyst for the Committee
Ron Sobecki, Fiscal Analyst for the Committee

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Legislative Services Agency
200 West Washington Street, Suite 301
Indianapolis, Indiana 46204-2789
Tel: (317) 232-9588 Fax: (317) 232-2554

MEETING MINUTES¹

Meeting Date: October 13, 1999
Meeting Time: 10:30 A.M.
Meeting Place: State House, 200 W. Washington
St., the House Chambers
Meeting City: Indianapolis, Indiana
Meeting Number: 4

Members Present: Rep. Charlie Brown, Chairperson; Rep. Susan Crosby; Rep. Vern Tincher; Rep. Vaneta Becker; Rep. David Frizzell; Sen. Patricia Miller, Vice-Chairperson; Sen. Connie Lawson; Sen. Katie Wolf.

Members Absent: Rep. Gary Dillon; Sen. Steve Johnson; Sen. Allie Craycraft; Sen. Vi Simpson.

Chairman Brown called the Interim Study Committee on Health and Social Service Issues (Committee) to order at 10:40 a.m. He stated that information would be received from the Indiana State Department of Health concerning family planning services. The Committee would then examine issues concerning physician assistants (PAs) and advanced practice nurses (APNs).

¹ Exhibits and other materials referenced in these minutes can be inspected and copied in the Legislative Information Center in Room 230 of the State House in Indianapolis, Indiana. Requests for copies may be mailed to the Legislative Information Center, Legislative Services Agency, 200 West Washington Street, Indianapolis, IN 46204-2789. A fee of \$0.15 per page and mailing costs will be charged for copies. These minutes are also available on the Internet at the General Assembly homepage. The URL address of the General Assembly homepage is <http://www.ai.org/legislative/>. No fee is charged for viewing, downloading, or printing minutes from the Internet.

Joni Albright, Assistant Commissioner, Public Health Services, Indiana State Department of Health

Ms. Albright distributed a graph showing the flow of federal family planning funds under Titles V, X, XIX, and XX and a map depicting all access points for low income family planning services. (Exhibit A) Other information included the following:

- The Indiana State Department of Health (ISDH) has received 8% in administrative costs to administer federal Maternal Child Health Title V funds. The ISDH is petitioning to get this amount increased to 9.3%.
- There are no records kept on the number of grants that go from federal agencies directly to not for profit corporations, but according to the State Budget Agency there are at least 100 grants in the health area in this category.
- From July 1 through March 31, 1998, community health centers saw 80,634 new patients.

Robert Tarver, M.D. University Radiology Associates, Inc., Indianapolis

Dr. Tarver has been a professor at the Indiana University School of Medicine since 1979. He stated that he was speaking on behalf of the Indiana State Medical Association and the I.U. School of Medicine. He clarified that he was not speaking against the PA profession but only against expanding the PAs authority to write prescriptions. A medical student is required to take 125 actual hours of pharmacology. Before taking pharmacology the medical student must have completed biochemistry and physiology as prerequisites so the student will know how drugs work in the body. Physicians basically do two things: operate and prescribe drugs. In current medical practice many patients are on multiple drugs. It is very important to understand the various reactions and interactions of the medications. Dr. Tarver concluded by stating that a medical school education is necessary to write prescriptions.

Richard Huber, M.D., Family Physician, Greenwood

Dr. Huber began by stating that the longer he practices the more he realizes that we do not know that much about medicine. A patient's symptoms are not always what they appear (e.g. heartburn/heart attack; leg sprain pain/blood clot). Patients need a proper diagnosis. Dr. Huber stated that he has never had a PA because his patients expect to see a M.D.. However, from what he has seen in other practices PAs work well when they work one-on-one with a physician. Some people (e.g. Dr. Huber's mother) assume that PAs have the same training and qualifications as a licensed physician.

Tom Hoffman, PA-C, Indiana Academy of Physician Assistants

Mr. Hoffman became a PA in 1977 and he currently works at Methodist Health Group. Mr. Hoffman's presentation included the following information:

- PAs services enhance health access and decrease costs.
- There are about 240 certified PAs in practice in Indiana.
- 46 states allow PAs to write prescriptions (Exhibit B). Many PAs who are trained in Indiana leave the state because their practice is restricted.
- PAs have not sought independent practice in any other state. PAs realize the importance of a dependent practice with physician supervision.

- PAs handle routine medical matters - serious problems are taken care of by the physician.
- Last year's proposed legislation (HB 1403-99) would have allowed PA licensure by the Medical Licensing Board and defined the PAs scope of practice. The bill would have allowed PAs to write prescriptions directly - currently they must talk to the supervising physician before writing a prescription.
- PAs have been involved in very few medical malpractice cases. The physician is ultimately responsible for the patient's health outcome.

Tom Lucich, M.D.

Dr. Lucich graduated from the IU School of Medicine in 1984. He currently teaches college courses, including PA students. Dr. Lucich's testimony included the following information:

- Medical students receive between 90-135 classroom hours of pharmacology. Medical students also get additional practice in pharmacology as part of other training (e.g. rotations).
- PA students receive about 78 hours of pharmacology. They must also take courses in biochemistry and physiology.
- There are many new drugs that are coming on the market every year.
- To stay certified as a PA each PA must be retested every six years and take 100 hours of continuing education every two years. A person who is not knowledgeable in pharmacology is unlikely to pass the exam.
- Currently, PAs examine and diagnose patients. PAs are taught to screen for more complex medical problems.

While answering questions by the Committee as to why some oppose the licensure of PAs, Dr. Lucich stated that the opposition was probably based upon misinformation as to how PAs are trained and what they do, and some physicians are reluctant to give up a part of their practice.

Laura Hahn, Indiana Academy of Family Physicians

Ms. Hahn stated that the Indiana Academy of Family Physicians (IAFP) has about 1300 members. The IAFP believes giving the PAs prescriptive authority would enhance the physician's practice of medicine. The IAFP supports legislative proposals to give PAs this authority.

Debbie Allen, M.D.

Dr. Allen is a professor at the IU School of Medicine. In her practice she has personally worked with a PA or advanced practice nurse for the past 20 years. The medical school requires its students to work with other health care professions. PAs know their practice limitations and are well trained.

Larry Ratts, M.D., Bloomington

Dr. Ratts has practiced medicine for 35 years and had a PA for 14 years. There are 300 physicians in Bloomington but only 15 are in the primary care area - there is a shortage. PAs have helped fill this shortage at a low cost. PAs make a diagnosis and prescribe

treatment. The supervising physician can limit his PA's practice based on each PA's qualifications. Dr. Ratts sees each new patient but not every patient who comes to his office.

David Wilcox, M.D.

Dr. Wilcox is an associate professor at the IU School of Medicine. Half of his practice takes place in nursing homes and half of his practice is in the office. For the past four years he has had a PA in his office. This allows a patient to gain quicker access to a health care professional. Many patients already diagnose themselves (e.g. urinary track infection) but PAs can provide a more trained diagnosis. States that have more patients enrolled in health maintenance organizations are more likely to use PAs in physicians practices.

John Williams, M.D.

Dr. Williams is a cardiologist, professor at IU School of Medicine and the ex-Chief Executive Officer of Wishard Hospital. Other states have experience with non-physician prescriptive authority and giving this authority to PAs has worked well for them. Granting prescriptive authority to PAs will benefit the citizens of Indiana. PAs can help provide more effective medical care, especially in rural areas.

In response to a Committee question, Dr. Williams stated that the number of hours studying pharmacology in school is not as important as what a professional learns afterward because this area of medicine changes so rapidly.

Steve Jacobs, PA-C, President, Indiana Academy of Physician Assistants

Mr. Jacobs stated that he is Dr. Wilcox's PA. He testified that the current law governing PAs requires them to wear name tags that identify them as PAs. In Indiana there are 48 counties that are wholly or partially designated by the federal government as underserved. PAs can make an impact on serving these areas.

B.J. Isaacson-Chaves, Indiana Primary Health Care Association

Ms. Isaacson-Chaves stated that her association supports changing the state law to give PAs prescriptive authority. This change would allow efficient low cost care to Indiana patients.

The Chairman then began to receive testimony on the topic of advanced practice nurses.

Doug Kinser, Hall, Render, Killian, Heath & Lyman

Mr. Kinser stated that he was representing the coalition of Advanced Practice Nurses of Indiana (CAPNI). CAPNI was organized in March 1999 and currently represents 240 of the 600 eligible advanced practice nurses (APNs). Dr. Bailey, the former Commissioner of the

Indiana State Department of Health, supported the passage of the APN legislation in 1993. Dr. Bailey could not be at the Committee meeting today but Mr. Kinser stated that Dr. Bailey still supports the APN concept. The APN statute is working well. No complaints or claims concerning an APN have been filed with the Nursing Board or the Patients Compensation Fund. APNs are registered nurses (RNs) who have completed a specialized graduate program. The APN statute and rules define the scope of practice of nurses - any nurse that exceeds these boundaries is subject to disciplinary action. APNs do not want to expand the scope of practice.

L. Kay Fields, President, Coalition of Advanced Practice Nurses

Ms. Fields has been a RN for 21 years and is an APN who works in the area of primary care. To become an APN an applicant must be a RN for two years and complete a Master's degree that includes both classroom and clinical work. After becoming an APN the nurse must complete an agreement with the supervising physician that clarifies how they work together. Many APNs provide services in underserved areas. In her particular practice, new patients usually see the physician for the first visit, but in some situations because of acute problems this is not always possible.

Naomi R. Patchin, CAE, Indiana State Nurses Association

Ms. Patchin distributed her written remarks to Committee members (Exhibit C). Some of the points that Ms. Patchin made were as follows:

- The Indiana State Nurses Association is not aware of any problems with APNs.
- There are three types of APNs recognized under state law: nurse practitioners; clinical nurse specialists; and certified nurse midwives. Each specialty has its own defined scope of practice in the rules. An APN must meet certain requirements established by the Medical Licensing Board to be allowed to prescribe legend drugs.
- State law (IC 25-23-1-1.1(b)) allows a registered nurse to make a "nursing diagnosis". Some people use the term "medical diagnosis" in a more generic sense but when a nurse makes a diagnosis under the nurse's scope of practice the proper term is "nursing diagnosis".
- There are 15 university based education programs in Indiana for nurse practitioners.
- All 50 states permit nurse practitioners to prescribe drugs. There is some variation between states on the exact requirements.
- In the last two years the cost of professional liability insurance for APNs has decreased by two-thirds.

Sandra Andersen, Vice President of Consumer Services, Planned Parenthood of Southern and Central Indiana

Ms. Andersen stated that she has been certified as a nurse practitioner since 1975. Nurse practitioners work very closely with the physician. Very few nurse practitioners need prescriptive authority. Physicians often refer low income patients to nurse practitioners. Ms. Andersen concluded that she believes Indiana has a strong nurse practice act that serves everyone well.

Dee Swanson, Nurse Practitioner, American Academy of Nurse Practitioners

Ms. Swanson distributed her testimony and various handouts from the American Academy of Nurse Practitioners (AANP) (Exhibit D). A recent AANP national survey found 57% of nurse practitioners had practiced 2-10 years; 64% had been RNs for 11-16 years; and 89% had a Masters or Doctoral degree. Though the number of nurse practitioners has increased over the years, the number of nurse practitioners named as primary defendants in liability cases has not changed since 1989.

The Committee meeting was adjourned by the Chairman at 12:30 p.m.